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VS A15 (4) 1SM 10/S7

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1	14	J	6	2

	12385		CERTIFI	CAT	E OF DEAT	Н		Reg. D	ist. No.		0 • 2
1. PLACE OF DEATH 6. COUNTY	vert.		MARYLAN	NO.	USUAL RESIDENCE (Wood STATE	here deceas	b. COUNTY	on: Reside		re odmi	ision)
b. CITY OR TOWN RURAL ond give Prince F	(If outside corporate lim neorest town) rederick		c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF		The second secon			grest fow	n)
	County Hos		(dress)	1	d. STREET ADDRESS					ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Maude B		Middle		Last	4. DATE OF DEATH	Morembe:		Do	Y	Yeor 19 59
s. sex Female	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED [		etober 30.	1889	9. AGE (In years lost birthday) 70 6 yrs.	Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
100. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b. Ki	IND OF BUSINESS OR IN			or foreign	The state of the s	12. CI	TIZEN O	F WHA	COUNTRY
13. FATHER'S NAME		3.5		14	MOTHER'S MAIDEN	NAME					
William	Graham				Ella	Graha	ım				
	FR IN U. S. ARMED FOI		OCIAL SECURITY NO.	7. INFO	RMANT ,		Add	ress			
211, 11, 11	to ber fire and or on an or	216	22-2319D	Go	ldie Hall.	Lush	. Md.				
PART I. DE  260 X  Conditions, if gove rise to couse (a), stoting lying couse lost	immediate DUE TO	7	I A BETI RTERIO		UREX MELLI EROSIA	TU	5		ONS	ET AND	DEATH
PART II. O	THER SIGNIFICANT CON	:)	INTRIBUTING TO DEATH				SE CONDITION GIV	EN IN PAI	RT 1(o) 1	PERF	AUTOPSY DRMED?
	VAS UNDERLYING THE CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCU	JRRED. (E	nter noture of injury in	Part I or Po	rt II of item 18.)				
Zoc. TIME OF INJU Hour o. m. p. m.	10	20d. INJ While of work	URY OCCURRED 20e Not while of work	foctory,	OF INJURY (Home, form street, office bldg., ex	m, 20f. (Cit	y or town)	(	(County)		(Stote)
21. I certify alive on	that I attended the	deceased 19 Se	from ond that de	eath occ	turred at	M, fra	m the causes of Street, city or lown,	and an I			decease ed above ATP SIGNE
PHYSICIAN'S NAME (Type)	15	25		REB							
220 SURIAL CREMATI REMOVAL (Specify	11-22	_ 54	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)	who	(Sto	tel mc
23. FUNERAL DIRECTO	R'S SIGNATURE	Pri	ADDRESS U	00 6	1	D BY REGIS		STRAR'S SI		i.E	

MINES OF DEATH TOYEMIA - UREMIA DIABETIL MELLITUS PILTERION INDIANTA Car March Lemant 18 98 N. C (35666)

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12386

Calvert

(First)

Howard Ch

(If Yes, give wer or detes o

DUE

21 OI

DATE TH

REGISTRAR'S SIGNATURE

Colling S. Traces

Leander

COLOR OR RACE

Calvert

(Il outside corporete limits, write RUI

end give necrest town)

Prince

10e, USUAL OCCUPATION (Give kind of work

15. WAS DECEASED EVER IN U. S. ARMED FO

I DISEASES OR CONDITIONS DIRECTLY LEAD X IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day)

22. I hereby certify that I attend

19e. DATE OF OPERATION

alive on SIGNATURE

BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

24. REC'D BY REGISTRAR NOV 6

DATE

done during most of working life, even il retired) ISTMING

1. PLACE OF DEATH

HOSPITAL OR

STREET ADDRESS 3. NAME OF

DECEASED

(Type or Print)

13. FATHER'S NAME

(Yes, no. or unk.)

no

S. SEX

COUNTY

TOWN

CER	TIFICATI	E OF DE		eg. Dist	. No		4147111411
		2. USUAL RESID	ENCE (HOME) OF D	ECRASE	3		-
	MARVI AND	STATE Md.	COUNTY	Cal	vert		
AL	LENGTH OF STAY	CITY (II outside co	rporate fimits, write RURAL a		a on the dis		
rick	7 days	OR TOWN TITLE	tingtown,	MA			
TION	11 days	STREET		ve location)			
County	yx Hespital	/ ADDRESS					
	(Middle)	(Last)	4. DATE (Mor	nth)	(Day)	(Yaa	r)
	(-) Ch	lew ·	DEATH N	lov.	2,	195	9
SINGLE, MAR	RIED, 8. DATE	OF BIRTH	9. AGE lest birthday	IF UNDER		IF UNDER	
(Specily)	arried Feb.	27, 1910	49 yrs.	Months	Days	Hours	Min.
10b, K	IND OF BUSINESS	11. BIRTHPLACE (State or fo	reign country)	12	COUN	OF WHA	AT
	same	Calvert C	county. Md.			S.A.	
		14. MOTHER'S MAIDE					
ew		Laura I	Blake				
PRCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS I. 1 1 V	Chev	N- 2	53-E	•
service)	- Taken W possessor		St., Phila				Pa
ng to beath	1	lar renal	descore			ET AND D	
TO							
)							
JTING							
JOR FINDING	5 OF OPERATION				20 YES	AUTOPS	1000
D. PLACE (Ho INJURY street	me, ferm, fectory, , office bldg., etc.)	21c. WHERE DID INJURY OCC	CUR? (City or town)	(Cour	ity)	(Stete	
W	e. INJURY OCCURRED hile NoI while work et work	211. HOW DID INJURY OC	CUR ?				
A.	d that death occurred a	funda	causes and on the operation (Street, city, tow	date state m, slote)	d above	ATE 81	1
150		barnoh Com	Hunt in at			,,,	

25. FUNERAL DIRECTOR'S SIGNATURE

Muntingtown.

the registrar within 72 hours by the funeral director, th Ξ. the attending physician and completely filled be detached for use as a burial transit name. TO FUNERAL DIRECTOR: The law requires that the death curificate be filed The bottom copy may be retained by the hospital or attending physician. death certificate assembly should certificate has been executed

A15C 1-55 10M

EL STOMPTAL HELAST TO THE MEASURE STATE THEAT PARK CELTIFICATE OF DEATH Children State and the contract of the contract of the second and the second seco \*

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12374

MARYLAND	STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
12387	CERTIFICA	ATE OF DEATH
ACE OF DEATH COUNTY Calvert	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions a. STATE b. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RUR)
Prince Frederick	3 hours	X Come Point Reach P.O. 1

Reg. Dist. No.

. COUNTY	alvert		MARYLAND	a. STATE	aryland	b. COUNT			ission)
	If outside corporate limi	its, write	c. LENGTH OF STAY IN 16		TOWN (If outside corp	orale limits, write		-	wn)
Prince F			3 hours	X Cove	Point Bea	ch. P.O	Lusby		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospilot. g Calvert Cou		ddress)	d. STREET A		VII. 100			A FARM?
3. NAME OF DECEASED (Type or print)	Anni		Middle	Dalv	4. DATE OF DEATI		onth m hate no	Doy G	Yeor 19 59
5. SEX			ED NEVER MARRIED	B. DATE OF BIRT	н	9. AGE (In years last birthday)		EAR IF UNI	
Female	White	WIDOWED		9/28/	96	last birthday)		ys Hours	s Min.
10a. USUAL OCCUPATION	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR INDU					N OF WHA	T COUNTRY
Housewi f	king lite, even it relifed	1			hington, D			.S.A.	
13. FATHER'S NAME	<del></del>				MAIDEN NAME	. 0.		•D•A•	
William .	Andoneon			Fo	nnie Littl	efond			
15. WAS DECEASED EVE		CES7 16. S	OCIAL SECURITY NO. 17.	INFORMANT	HILLS DICCI		dress		
*	(If yes, give wor or dates of s	ervice]		John Dal	ar Co	ve Point		Luch	r Md
linknown	ATH {Enter only one co	was and line		JOINT DAT	у ос	AB LOTILO		INTERVAL	4
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the <u>under-</u> DUE TO	)	ONTRIBUTING TO DEATH BUT	NOT BELATED TO	RED V	SE COMPLETION C			ours S AUTOPSY
20g. ACCIDENT W	AS UNDERLYING		RIBE HOW INJURY OCCURRE				TOTAL IN CARL III	PERF	ORMED?
GR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)								
20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Doy, Yes	20d. IN: While of work	Not while fa	ACE OF INJURY ( ctory, street, office	Home, form, 20f. (Ci bldg., etc.)	y or town)	(Cou	nty)	{State}
ACTUAL SIGNATURE	or I attended the	19 5	7, , and that death	M.O. He	to S. Mar.  4 p. M. fro ADDRESS ( Huntington	m the couses Street, city or burn	n, state)	date sta	deceased ted above DATE SIGNÉT
220. BURIAL, CREMATIC	N. 226. DATE THEREC		22c. NAME OF CEMETERY O			ATION (City, town,		(Sto	ole)
BYLY (ST. (A)	11-9-5	9	Cedar Hi			Suitlan	- 11	(SIC	
23. FUNERAL DIRECTOR			ADDRESS		24g. REC'D BY REGIS		ISTRAR'S SIGNA	ATURE	
Lee F	meral Ho	me. V	Vashington I	O.C.	DATE NOV 1 D		edlan 1. t		

TO HOSPITAL OR VS A15 (4) 15M 10/57 1 200 man limited the state of the st TO BE THE WELL SHOT . .

Reg. Dist. No.

							Keg. Dis	IT. NO.	
1. PLACE OF DEATH o. COUNTY		MARYL	11 0	JSUAL RESIDENCE (V		ed lived. If instituti	on: Resident	ce before ad	mission)
	Calvert			Maryl		b. COUNTY	Jalver	rt	
B. CITY OR TOWN (	(If outside corporate limits, wri	te c. LENGTH OF STAY II	NIb	. CITY OR TOWN (If	autside carpo	orate limits, write R	URAL and s	give negrest f	lawn)
Prince Fre	· · · · · · · · · · · · · · · · · · ·	3 hour	rs X	Solome	ana sa				
	ITAL (If not in hospital, give st			d. STREET ADDRESS	-			e. IS	RESIDENCE
	County Hospit	al	1						N A FARM?
3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Mor	ith	Day	Year
(Type or print)	Marv	M.		Files	DEATH	Ware		0	1950
. SEX		VARRIED   NEVER MARRIED	8. DA	TE OF BIRTH			Ember	1 YEAR IF U	NDER 24 HRS
Pamala					D con l	9. AGE (In years last birthday)	-	Days Hou	
Female	THE Annua O'C	ZV.	TAY MAIN!		374	85 yrs.			
during most of wor	ON (Give kind of work done rking life, even if retired)	IDS. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stol	le ar fareign c	country)	12. CITI	IZEN OF WE	HAT COUNTR
Housew:	ife	HOME		Marvlar	nd		T	U.S.A.	
3. FATHER'S NAME			14	MOTHER'S MAIDEN				NEW TAKE	
John Rail	lar			Ma E		66446 T	· lama		
	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFOR	Mary Fran	Ces MA	Add			
Ym, no, or unknown)	(If yes, give wor or dates of service)	ID. SUCIAL SECURIT NO.	IV. INFOR						
Ne	7	No	Geo	rge Edward	Files	Solomo	ns. Mo	d.	
IB. CAUSE OF DE	ATH [Enter only one couse p	er line for (a), (b), and (c).	1.4	-				INTERVAL	BETWEEN
	ATH WAS CAUSED BY:	moderal	- 14	much	1240 -				ND DEATH
2014	IMMEDIATE CAUSE (o)		77 -	, , , , , , , ,				3	hours
2317	DUE TO			ilus-5	1.	• _			
Conditions, if o		enuslin	ed a	ulen-s	ceen	no			
gave rise to i		(1							
fying couse lost.	the under-	V							
		Lo COLUMNIA DO SO TOTAL						1	
PART II. OT	HER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEAT	IH BUT NOT	RELATED TO THE TER/	MINAL DISEAS	SE CONDITION GIV	EN IN PART	1(a) 19. W	AS AUTOPSY REORMED?
PART II. OT									□ NO □
	AS UNDERLYING [] 206.	DESCRIBE HOW INJURY OC	CURRED. (En	ter nature of injury in	Port I or Por	rt II of item 18.)			-
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING (1) 206. G (1) CAUSE OF DEATH MEDICAL EXAMINER)								
		d. INJURY OCCURRED 2	20- BLACE C	E DIMBY III - 7					
20c. TIME OF INJUI		hile Not while	factory,	F INJURY IHome, for street, affice bldg., e	m, j 201. (Cil) Ic.li i	y or-town)	{C	ounty)	(State)
p. m.		work ol wark							
21 1 2 418 11	Land on the first of	ansed from 200	> 0		22.05	8 60	2		
Su /	hat I attended the deci	and the state of t		, 1959 to		1927	,that I l	ast saw t	he deceas
alive an N	1	و المراجع and that a	death acc	urred at 2. 10	A.M. from	m the causes o	ind an th	ie date st	ated abo
	(V) -3.	-				treet, city or lawn.			DATE SIGN
ACTUAL	raville	arreal	>	•	7+	Lem	and		11/2
STOTIATURE			M.D.						
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NAME (Type)	1 OF	ALTCHICKEH	- M	1)		7 001	www		
20. BURIAL CREMATIC		22c. NAME OF CEMET	ERY OR CHE	MATORY	22d. LOCA	TION (City, town,	or county)	(!	State)
REMOVAL (Specify	200 11 195	9 Colours	m. +1	1.1	Solo		Cal	HP.	· 20-1
3. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	Truck	4 24 25	TO BY DECIC	TRAD 24 PEOU	CTRAPIC CO	A LO	mey.
Q. A. 72	do 45-	- heret	1,71	240. REC	D BY REGIST		STRAR'S SIG	NATURE	
A. M. Mans	Lesers all	- much	( 00	DATE	, pa 00	C 220	1 4. 1	NAME OF THE PARTY	

deu... funeral director. he filed with death: Page 4 may be retained he haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the registror prior to buriol, cremotion, or remayal, and in any event within 72 hauss ofter death. TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours TO HOSPITAL OR

VS A15 (4) 15M 10/57 06

. 2 Lat Late some pure Orebral Germenlinger Assurably almost alerence to profession to sense Sweener to - Variablement -The Village CALLAND - Strangards 

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12376

12389

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY  Calvert  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
	b. CLTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)	c. CITY OR TOWN (Il outside carporole limits, write RURAL and give nearest fown)
+	OR INSTITUTION (If not in hospital, give street address) OR INSTITUTION Hospital	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)  A Middle State St	Hardesty 4. DATE Month Day Year DEATH NOV 25-195-9
	Male White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Tarm Owners	STRY 11. BIRTHPLACE (Slote or foreign country)  12. CITIZEN OF WHAT COUNTRY:  Maryland  A. S. A.
	13. FATHER'S NAME	Francis Attrison
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	his Juy Hardisty Juntington to
7	gove rise to immediate couse (a), stating the under-lying couse lost.	MATOSIS - DELYARATE NITERVAL BETWEEN ONSET AND DEATH  ONSET AND DEATH  ONSET AND DEATH  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
	20c. FIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED that a.m. 19 While at work of work 19	ACE OF INJURY (Home, form, ctary, street, office bldg., etc.) 20f. (City or town) (County) (Stale)
-	ACTUAL SIGNATURE VICEVILLAUNOS	accurred at 7:45 M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DAJE SIGNED  ADDRESS (Street, city or town, state)
8	PHYSICIAN'S NAME (Type)  220. BURIAD CREMATION, 225, DATE THEREOF  222. NAME OF CEMETERY O	ENC.
	Huria 11-28-59 mma	und. Them foint med.
	ADDRESS SIGNATURE ADDRESS ADDRESS OF INC	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  Oring S. Krous

may be retained. The haspitol or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremotian, or remaval, and in any event within/72 hove offer death. ENDING PHYSICIAN: The law requires that the death sertificate be executed within 24 haurs of

VS A15 (4) 15M 10/57

CAGGIO HATOSIS . DEPAPORTE CON PRESTATE-100 THE 12 WAS 100 TO the state of the Park Contract Valevillama St famore - DE VIZIO RREDE

may be retained TO FUNERAL DIRECT

VS A15 (4) 15M 10/57

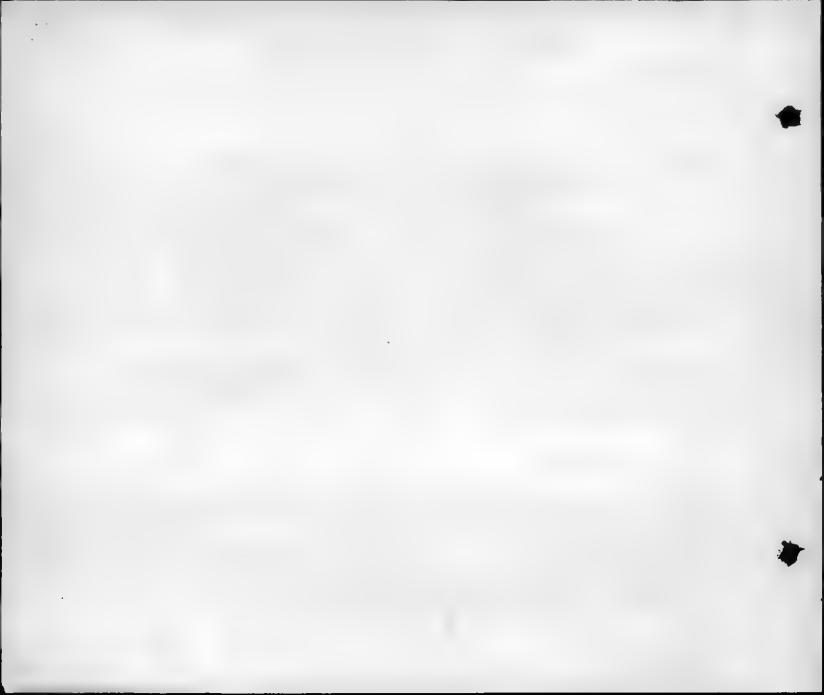
## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12390

#### **CERTIFICATE OF DEATH**

12377 Reg. Dist. No

Maria.				<u> </u>						<u> </u>	
)	o. C(	OUNTY (a	breet		MARYLAN		RESIDENCE (Wh	ere deceased lived.	If institution	Pesidence beta	re admission)
	Pa	ITY OR TOWN (*	f outside carporate lin	nits, write c. LE	ngth of stay in i	b c. CITY	OR TOWN (If or	utside carporate lin	nils, write RURA	L and give nec	irest tawn)
1	d. N	AME OF HOSPIT	County	Theo fet	1) 20	d STRI	ET ADDRESS				ON A FARM? YES NO A
		AE OF EASED e or print)	Maa	Lelle	Middle	tohno	lost	4. DATE OF DEATH	Month 722	Do	y Year 4, 1959
	S. SEX	F	6. COLOR OR BACE	WIDOWED [	DIVORCED	apr	.5, 18	79 9 AG	. \ \	UNDER 1 YEAR Onths Doys	IF UNDER 24 HRS. Hours Min
	Z	Touses	ON (Give kind of work king life, even if retire	d) 7.1.	OF BUSINESS OR IN	IDUSTRY 11 BIS	THPLACE (SION	or fareign country)	d	12. CITIZEN O	F WHAT COUNTRY
/		Lette	elon G	nolify		14. MOTH	Beari	- Tarle	ton		
	IS. WAS	S DECEASED EVE	R IN U. S. ARMED FO		he security No. 1	the	8. Ma	thingly	- 15a	eto.,	Tud
	1B.		TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE		(g). (b). and (c).]	uia	-	1/			ERVAL BETWEEN SET AND DEATH
	C	1810 anditions, if a		66	nual	legal	cert	eins-	scler	nio	
	co ly	ave rise to inuse (a), stating ing cause last.	the under DUE T	o C c	i 7.	Bla	dder	7.3			
7	CATION		IER SIGNIFICANT CO	NDITIONS CONTR	BUTING TO DEATH	BUT NOT RELATE	D TO THE TERMIN	NAL DISEASE CON	DITION GIVEN I	N PART 1(a) 1	9. WAS AUTOPSY PERFORMED? YES NO
		CONTRIBUTING EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER		HOW INJURY OCCU						
	WEDICAL 30c.	Hour e.m.	Y Manih, Day, Y 19	While t	OCCURRED 20e. Not white	PLACE OF INJU foctory, street,	IRY (Home, farm, affice bldg., etc.)	20f. (City or law	rn)	(County)	(State)
	l I	. I certify th	ot lattended th	e deceased fr				M, from the			w the decease te stated above
	ACI SIG	TUAL NATURE	Value	Tela	ma (	> ≥m.d		Lance	ly ar tawn, slate		DATE SIGNE
1	NA	YSICIAN'S IME (Type)		IR	Je Vill	ARRE	AL				412
	· REA	RIAL CREMATIO	Prov. 27	1959 S	NAME OF CEMETER	MITE	de it	Solomo	ity, town, or co	estes -	(Stote)
	23 FUN	IERAL DIRECTOR	S SIGNATURE	48m - 1	mulia f	und.		BY REGISTRAR	24b REGISTRA	R'S SIGNATUR	E





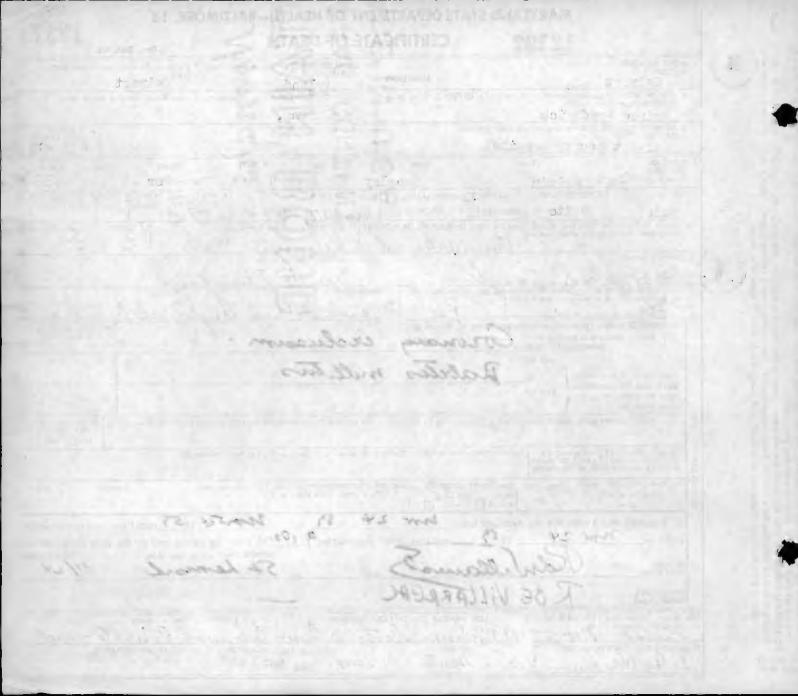
TO HOSPITAL OR

VS A15 (4) 15M 10/57

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NOUCS.		d in by	and 2
thin 24		ly filler	ages 1
NG PRISICIAN: The low requires that the death certificate be executed within 24 hours after reath. Page 4		ter this certificate has been signed by the attending physician and campletely filled in by the Toreral director,	d for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with
De exec		and c	rban po
nricare		physiciar	move co
eath cer		a guiba	edse re
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Ine lo	g phys	has be	urial-tr
CIAN:	spital ar attending physician	rtificate	s the b
2212	al ar a	this cel	r use a
2	spi	ter	of b

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12379 12392 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY ...

1.	PLACE OF DEATH  o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
-	Calvelo	Maryland b. countxalvert
	RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
$\vdash$	Prince Frederick  d. NAME OF HOSPITAL (If not in hospital, give street address)	× Solomons,
	OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
-	Calvert County Hospital	YES NO TO
3.	NAME OF DECEASED Middle DECEASED (Type or print) Welvin Langle	ey A. DATE Month Day Yeor Of DEATH November 24 1959
5.		B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   lost birthday)   Months   Days   Hours   Min
	Male / White WIDOWED DIVORCED	Dec 27 1899 59 10
100	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPUCE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Goseph R. Tanales	mondo Thankan
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? IN. SOCIAL SECURITY NO. 17. I	NFORMANT Address
(11)	es. of fruntnown of Ill yes, gruy wor or dates of service)	Jande Lillian Langley - Solomons
	18. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	CECLUSIUM - ONSET AND DEATH
	260x DUE TO _	reclusion - ONSET AND DEATH
	Conditions, if any, which ) the Peabelles	mellitus
	Bare 1138 to Illinizations   Diff. 20	
	lying cause lost.	
z		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CERTIFICATION		PERFORMED? YES NO
E	20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Part 11 of item 18.)
CER	206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole)
MEDICAL	Hour o. m. While Not while for	ACE OF INJURY (Home, form, † 20f. (City or fown) (County) (Stote) tory, street, office bldg., etc.)
₹	p. m. 19 of work of work	
	21. I certify that I attended the deceased from the 2	4, 1955, to work 1955, that I last saw the deceased
	alive an NM 24 , 1955 and that death	accurred at 7:106.M, from the causes and on the date stated above.
	(P) (- 5	ADDRESS (Street, city or town, state) DATE SIGNED
	SIGNATURE ON Illames	57 Lemand 1/24
	Di. 1/211-121	M.U
	PHYSICIAN'S RAME (Type)	
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	P. COCHATORY
	REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, tawn, or county) (Stote)
23	EUNERAL DIRECTOR'S SIGNATURE ADDRESS A	which are selected to be selected to the
1	J. a. Thankson VAn - mutual.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
4 6	MI - I DIVERSALATIVE I WILL IN THE COLUMN IN	DATE INUY 8 5



12380

. IS RESIDENCE

Doy

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

(County)

days

(State)

DATE SIGNED

YES NO

19

Reg. Dist. No.

22d. LOCATION (City, town, or county) (Stote) VdC 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE MOV 1 7 55 Corthur & Firmes

VS A15 (4)

23\_EUNERAL DIRECTOR'S SIGNATURE

A CONTRACTOR OF THE PARTY OF TH A CONTROL OF THE PARTY OF THE P